

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90025 047 \*\*\*150.00

<b>DOCUMENT # P02000049355</b>					
<b>1. Entity Name</b> BERNSTEIN RESEARCH, INC.					
<b>Principal Place of Business</b> <del>1900 NORTH KROME AVE</del> <del>SUITE G</del> HOMESTEAD, FL 33030 US			<b>Mailing Address</b> <del>1900 NORTH KROME AVE</del> <del>SUITE G</del> HOMESTEAD, FL 33030 US		
<b>2. Principal Place of Business</b> 5458 N. UNIVERSITY DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5458 N. UNIVERSITY DRIVE Suite, Apt. #, etc.			
<b>City &amp; State</b> LAUDERHILL FL		<b>City &amp; State</b> LAUDERHILL FL		<b>4. FEI Number</b> 02-0595645	
<b>Zip</b> 33351		<b>Country</b> FLORIDA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FERGUSON, GEORGE A <del>1900 N KROME AVE</del> <del>8TE G</del> HOMESTEAD, FL 33030				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 5458 N. UNIVERSITY DRIVE City LAUDERHILL FL Zip Code 33351	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE				DATE 3-17-06	
(NOTE: Registered Agent signature required when reinstating)				FREE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNSTEIN, MELVILLE 16500 COLLINS AVE APT 1056 SUNNY ISLES, FL 33160		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.</b>					
SIGNATURE:				DATE 3/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 954-746-4494	